

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

35357

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
 (b) Township Carondelet Primary Registration District No. 6248E Registered No. 386
 (c) City _____ (d) Street No. Mt. St. Rose Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arthur Kelsey

(a) Residence, No. _____ St. Henshaw, Kentucky
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1878
 7. AGE YEARS 58 MONTHS 9 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Union Co.
 (STATE OR COUNTRY) Kentucky

13. NAME Percival Gates Kelsey

14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

15. MAIDEN NAME Alida Sturgis

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Louise Brehme
 (ADDRESS) Chillicothe, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Missouri Crematory Sept. 20, 1937
 PLACE

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED Sept 18, 1937 G. Mowrey
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-18, 1937

HEREBY CERTIFY, That I attended deceased from July-26, 1937 to Sept-18, 1937
 last saw him alive on Sept-18, 1937. Death is said to have occurred on the date stated above, at 11:54 a.m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis of lymphatic glands of Neck-Thorax-Abdomen-

Tuberculosis of Lung
 Other contributory causes of importance: Terminal Broncho Pneumonia

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) John J. Bouché Resident M. D.
 (Address) Mr. W. C. Roy, Sanatorium

St Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)